

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567261

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14			2			
15			1			
16			1			
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
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49						
50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	12	←	12	←		←
TOTAL CLAIMS	13		13			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS						